

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
9767.12(f)(3); 9767.3(c)(3)	<p>Commenter appreciates and strongly supports the revisions to §9767.12(f)(3) to require that the MPN Applicant provide its complete provider listing electronically on CD or on a website if an electronic listing is requested, and to require that the listings be updated at least on a quarterly basis with the date of the last update displayed on the listing.</p> <p>However, commenter believes the regulations can and should go further to insure that the provider information given to injured employees is both up-to-date and accurate. In this regard, commenter notes that similar problems have been experienced with provider listings given to health care service plan enrollees, <i>outside</i> the Workers' Compensation system. Consequently, California Health and Safety Code §1367.26 establishes rules regarding provider lists distributed by health care service plans. Furthermore, a bill currently before the Legislature, AB 2586 (Chesbro), proposes several amendments to that section to strengthen the protections given to</p>	Adam Dombchik President, California Applicants' Attorneys Association (CAAA) March 16, 2010 Written Comment	Accept in part, Reject in part.	

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>plan enrollees. Commenter strongly urges the Division to <u>consider several of the provisions in §1367.26 and/or AB 2586:</u></p> <ul style="list-style-type: none"> • Subdivision (b) of §1367.26 requires that a health care service plan’s provider list indicate whether those providers have closed practices or are otherwise not accepting new patients at the present time. One of the revisions in this “15 Day Notice” modifies §9767.3(c)(3) to require that the MPN Applicant provide an <u>affirmation statement</u> that the providers listed are validly licensed to practice in California. Commenter supports this requirement; however, an affirmation that the providers on the list are validly licensed – by itself – does little to resolve the current problems facing injured workers. Commenter strongly recommends that this paragraph be further amended 			

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>to provide that the MPN Applicant affirm that the listed providers are both validly licensed and are accepting new workers' compensation patients at the present time. Requiring affirmation that listed physicians will accept new workers' compensation patients is also consistent with the statutory provision in Labor Code §4600(d)(2)(C), which requires a physician give his or her consent to be pre-designated. A physician should not be listed unless that physician has agreed to accept new workers' compensation patients.</p> <ul style="list-style-type: none"> • In accordance with AB 2586, commenter recommends that the Division incorporate the language which mandates that "the [provider] list shall not include contracted providers who are deceased, retired, or who are otherwise not actually practicing in the service area." While this may appear to be an unnecessary requirement, 		<p>Comment to revise affirmation is rejected. All providers listed are already required to treat workers' compensation patients.</p> <p>Comment to clarify which providers are no longer treating workers' compensation patients is accepted in part.</p>	<p>None.</p> <p>Providers no longer treating workers' compensation patients will be required to be deleted from provider listings within 30 days.</p>

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>in actual practice it is an unreasonably (and unacceptably) all-too-common occurrence to find out that a listed provider is either retired or no longer practicing, is not accepting new patients, not accepting "Workers' Compensation" patients, or ultimately, that the provider is deceased.</p> <ul style="list-style-type: none"> • Another proposed change in AB 2586 establishes a requirement that "a health care service plan shall provide a mechanism enabling enrollees and providers to easily report provider directory errors to the plan, such as through the plan's internet website or through its toll-free telephone number. All errors reported and subsequently confirmed by the plan shall be corrected within 30 days." In order to make certain that injured workers receive up-to-date, accurate information regarding available providers, we urge the Division to adopt similar 		<p>Comment accepted in part. Provider listings are proposed to be updated at minimum on a quarterly basis which will allow them to revise inaccurate listings.</p>	<p>Provider listings will be required to include an email address to report provider listing inaccuracies.</p>

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>language in §9767.3(c). It is also suggested <u>that an e-mail address be available for such reporting</u>, again consistent with the electronic access standards that are being incorporated by the DWC.</p> <p>Another frequent problem with MPN provider lists arises because many MPN Applicants have numerous MPN's. As one example, according to the listing of MPN's maintained by your Division, ACE American Insurance Company has over 40 approved MPNs. To further complicate matters, many of those MPN's have similar names; for example ACE American has six MPNs with First Health Comp America.</p> <p>The problem arises when an injured worker or his or her representative tries to access the provider list maintained on a website. An initial difficulty will often be <u>in accessing the site</u>, as some MPNs still have a password-protected site. See, for example, Los Angeles Unified School</p>			

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>District's site, where a "client I.D." is required to access the site: http://www.geoaccess.com/cvty/Client.asp. Commenter has previously recommended that these regulations <i>prohibit</i> the use of password protection for access to information such as the provider list, and we repeat that request.</p> <p>A further difficulty is determining which MPN, of the multiple choices listed on the website, is the correct plan. See Los Angeles County MPN website: http://ceo.lacounty.gov/mpn/mpn_default.htm#none . If one looks along the left hand margin, and clicks "Provider Network," there is a "dropdown" with links to three different MPN's, and the worker accessing the linked web page will most likely have no instruction about which plan to choose. Consequently, it is common for a worker to select a physician from what is believed to be the <i>correct</i> MPN provider list, only to be informed that the wrong list was used and that the selected physician is not an authorized provider for the</p>		<p>Comments rejected. The use of password protection should help ensure that the worker accesses the correct MPN that applies to the worker, as the regulations allow an MPN Applicant to have multiple MPNs.</p>	<p>None.</p>

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>worker's MPN. Consequently, there are more disputes, delays, denials, etc.</p> <p>To resolve this problem commenter recommends that §9767.12(f)(3) be amended to require that the complete written MPN "Employee Notice" shall include the exact name of the MPN, its precise URL address, and <u>any and all other information</u> which will allow the user to immediately and readily access the proper MPN list. Without this information, access to the website is often merely an exercise in frustration. Accordingly, where any "notice" to the worker contains an MPN website address, it should be required that the notice clearly identify the name of the MPN that the worker should access, especially when more than one network is listed <i>on any one website page</i>. (Reference is again made to the link above, which should bring the reader to the confusing website for Los Angeles County).</p>		<p>Comment rejected. The regulations already require necessary information to access the MPN be provided.</p>	<p>None.</p>

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
9767.12(a)(5); 9767.12(b); 9767.16(a)(1)(C); 9767.16(a)(2); 9767.16(b)(5); 9767.16(c)	A change made in several places in these modified regulations requires some of the Employee Notices to include the <u>email address of the MPN Contact, as well as the MPN website</u> . Commenter supports this change, but strongly urges that this requirement be made <u>mandatory</u> , rather than optional. It is frequently necessary to make multiple attempts before reaching an MPN Contact by phone, when the issue could easily be resolved by a single email inquiry and response, or a reference or “link” to the website page for the precise information required. As the entire framework of the workers’ compensation system moves to an electronic or “digital” format, commenter believes it is entirely consistent to adopt a <u>requirement</u> that the MPN “Contact” be available for inquiries <i>via email</i> , and that the MPN	Adam Dombchik President, California Applicants’ Attorneys Association (CAAA) March 16, 2010 Written Comment	Comment accepted in part, rejected in part. Not all MPNs have websites, especially the smaller ones.	An email address for the MPN contact will be required.

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	website (URL address) be provided <u>in all cases</u> . The worker should not have to rely on lengthy multi-specialty “hard copy” lists sent by mail, or poor quality fax. Accordingly, commenter recommends that the word "(optional)" be deleted from these regulations where it applies to the requirement to provide the email address for the MPN Contact or the MPN website address.			
9880(c)(14)	Commenter notes that the modification to this section requires that the written <u>notice to “new” employees</u> must include a description about MPN’s, and requires language in the Notice that the employer “ <u>may</u> ” <u>be using</u> a MPN. Commenter believes that informing a new employee that the employer “ <u>may</u> ” <u>be using</u> an MPN would only cause unnecessary confusion, should the worker be injured soon thereafter. The employer certainly knows at any given time whether or not it is using an MPN, and its Employee Notices should so indicate.	Adam Dombchik President, California Applicants’ Attorneys Association (CAAA) March 16, 2010 Written Comment	Comment rejected. The existing proposed regulatory language for the new employee notices was meant to encompass all situations as the notice is given to all new employees. Whether an employee is actually covered by an MPN is addressed in other employee notices.	None.
9767.3(a)(2); 9767.3(a)(3);	Commenter notes that the proposed modification to these subsections	Kate Farley-Agee Vice President,		

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
9767.3(d)(8)(C); 9767.3(d)(8)(D)	delete existing requirements that taxpayer identification numbers be included in the provider data files submitted as part of the MPN application. Participating providers within an MPN are selected, credentialed, contracted with, and made available to injured workers with regard to specific practice locations and specific practice groups. Thus, an individual provider might maintain a secondary practice with a different group that is not a part of our network. The inclusion of the taxpayer identification information provides the best means for expressing the locations and practices with which we have made arrangements with providers for the delivery of care. As such, commenter urges that such information continue to be included in the MPN filing.	Network Operations Coventry Workers' Comp Services March 16, 2010 Written Comment	Comment rejected. The taxpayer identification numbers are not necessary for DWC to ensure that the providers meet the required access standards and often cause more work in redaction of these IDs for PRA requests. Commenter, however, may choose to still use the Tax IDs internally for their own purposes internally but they will not be required by DWC.	None.
9767.12	Commenter has reviewed the proposed changes to Section 9767.12 <u>Employee Notification</u> , and completely agrees with the differentiation provided for the initial notice versus the notice at the time of injury. It is at this later time that the covered employee is far more inclined	Lori Kammerer Kammerer & Co. Small Business CA Medex Healthcare March 16, 2010 Written Comment	Comment accepted.	None.

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	to read the notice, and ask any questions they might have regarding their recent work-related injury.			
9767.12(a)	<p>Commenter is concerned about the proposed elimination of the specific language in 9767.12 (a) which currently reads <u>“or when an existing employee transfers into the MPN, whichever is appropriate.....”</u></p> <p>Commenter believes that there are numerous occasions at the WCAB at which employers must rely on this language, because it obviates unnecessary disputes and litigation regarding the propriety of transferring an individual covered employee into the MPN, even though it could still be argued that the “14 days prior to the implementation of an approved MPN” might certainly refer to the implementation for that specific employee.</p> <p>The validity of MPN programs has become an increasingly litigated issue, with Knight v. WCAB being utilized in attempts to quash employer medical control. Injured workers too often treat outside the established MPN,</p>	<p>Lori Kammerer Kammerer & Co. Small Business CA Medex Healthcare March 16, 2010 Written Comment</p>	<p>Comment rejected. The regulatory language at issue is not deleted but moved. The requirement still exists that the employee notification be provided to workers who are transferred into the MPN.</p>	<p>None.</p>

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>often on the advice of counsel, who hopes to show in the future that there was a flaw in the notification process and methodology, and that the covered employee's contention that they did not receive the material or that they did not fully understand the material is upheld by the WCAB. This occurs after the defendant has filed a DOR for an expedited hearing on the subject of medical control. If these employees with existing injuries could not be transferred into the MPN, then any proven failure in either of the notices or of the new posting could result in the employer losing medical control for the life of the claim. These types of cases demand the ability of the employer to cure any deficiencies and transfer that employee into the MPN, subject, of course, to the four exceptions enumerated in 9767.9. The importance of quality medical control is even more important now in the era of Almaraz, Guzman and Ogilvie.</p> <p>These disputes are also causing payment problems for the payors and clogging the court calendars with "self-procured" liens.</p>			

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>Commenter believes that the lucid and clearly comprehensible existing language would eliminate unnecessary litigation as to the meaning of “implementation” when such covered employees with existing injuries are to be transferred into an MPN.</p> <p>Employer medical control was one of the key components of the reforms in SB 899, and, as such, commenter believes that the regulations should fully reflect such significance to the workers’ compensation system in California.</p>			
9767.12(a)	<p>Commenter states that her company has recently been contacted by an agricultural employer with the following question:</p> <p>“If a company has two to three working seasons per year, does the company have to distribute the [Medical Provider Network notice] and the Facts about Worker’ Compensation pamphlet each season to the rehired employee?”</p> <p>Commenter states that a review of Title 8 California Code of Regulations section 9767.12 shows that it does not clearly address this situations, but simply states that employers must provide notice “at the</p>	<p>Sharon L. Hulbert Vice President & Assistant General Counsel The Zenith March 16, 2010 Written Comment</p>		

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>time of hire.” On behalf of agricultural employers and other employers of intermittent employees, commenter is requesting that this section be modified to clarify that the MPN notice is required the first time an employee is hired, and is not required upon rehire if the rehire occurs within one year from the date of initial hiring so long as there has been no change in coverage of the MPN. However, if the rehire occurs more than one year from the initial date of hire or there has been any change in the employer’s workers’ compensation coverage or MPN, a new notice is required upon rehire. Commenter proposes the following language to replace the first sentence in section 9767.12(a):</p> <p>An employer or insurer that offers a Medical Provider Network Plan under this article shall notify every covered employee in writing about the use of the Medical Provider Network at least 14 days prior to the implementation of an approved MPN or at the time of hire for employees that have not been provided the same MPN notice within the preceding 12-month period.</p> <p>Commenter believes that under this approach, intermittent employees would be receiving full notice at least annually</p>		<p>Comment rejected. There are too many circumstances when MPNs are modified or changed during a one-year period and the information given before may no longer be current. Also, seasonal workers may not keep the notice from the last time they worked for the employer, so notice is required to be given every time a worker is hired. Moreover, since the notice given at hire has been shortened to a paragraph and is allowed to be</p>	<p>None.</p>

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	and could be reminded that at the time of each hire than an MPN is being used and that materials were previously provided to them and are available upon request. Commenter believes that this approach would balance the protection of employees with the administrative burden imposed on employers who utilize a high volume of intermittent workers such as agricultural employers.		distributed in multiple, cost-effective ways, such a requirement should not be burdensome.	
9767.3(c)(2)	Commenter states that Applicants contract with Health Care Organizations, Health Care Service Plans, Group Disability Insurance Policy, or Taft-Hartley Health and Welfare Funds to make-up their Medical Provider Networks (MPNs). Typically, the responsibility to monitor and confirm the credentialing for the MPN providers is provided by the contracted vendor(s). While Applicants routinely update their data bases based on the credentialing information provided by the contracted vendor(s), it may not be possible for Applicants to provide the required affirming statement now being proposed by the DWC. Since it is the contracted vendor(s) and not the Applicants who are responsible for monitoring the MPN providers'	Kathleen Burrows Claims Operations Manager – State Compensation Insurance Fund March 17, 2010 Written Comment	Comment rejected.	None.

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>credentialing, Applicants will most likely be unable to submit a provider listing affirming that all of the physicians listed have a valid and current license number to practice in the State of California. Although this section was modified to streamline the MPN information the Applicant is required to provide, it appears it may make the process more difficult. Commenter recommends not making any changes to the language currently used in §9767.3(c)(2).</p> <p>Recommendation: If the DWC wishes to streamline the MPN information the Applicant is required to provide, commenter recommends that new language is provided to allow Applicants to list their contracted vendors by name and affirm that these vendors have provided credentialing information that all of the physicians listed have a valid and current license number to practice in the State of California.</p>		<p>Comment rejected. The MPN Applicant is the owner and legal entity responsible for its MPN, not contracted vendors. Thus, the MPN Applicant is responsible for ensuring that all providers in its MPN are credentialed to provide the necessary services.</p>	<p>None.</p>
9767.3(c)(3)	<p>Commenter states that many Applicants contract with ancillary service organizations to make-up their ancillary service provider networks.</p>	<p>Kathleen Burrows Claims Operations Manager – State Compensation</p>	<p>Comment rejected.</p>	<p>None.</p>

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>Typically the responsibility to monitor and confirm the credentialing for the ancillary service providers is provided by the contracted vendor(s). While Applicants routinely update their data bases based on the credentialing information provided by the contracted vendor(s), it may not be possible for Applicants to provide the required affirming statement now being proposed by the DWC. Since it is the contracted vendor(s) and not the Applicants who are responsible for monitoring the MPN providers' credentialing, Applicants will most likely be unable to submit a provider listing affirming that all of the ancillary providers listed have a current valid license number to practice, if they are required to have a license by the State of California. Although this section was modified to streamline the MPN information the Applicant is required to provide, it appears to do just the opposite. Commenter recommends not making any changes to the language currently use in Section 9767.3(c)(3).</p> <p>Recommendation: If the DWC</p>	<p>Insurance Fund March 17, 2010 Written Comment</p>		

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	wishes to streamline the MPN information the Applicant is required to provide, commenter recommends that new language is provided to allow Applicants to list their contracted vendors by name and affirm that these vendors have provided credentialing information that all of the ancillary service providers listed have a current valid license number to practice, if they are required to have a license by the State of California.		Comment rejected. The MPN Applicant is the owner and legal entity responsible for its MPN, not contracted vendors. Thus, the MPN Applicant is responsible for ensuring that all providers in its MPN are credentialed to provide the necessary services.	None.
Regulation Effective Date	<p>Commenter suggests that the effective date of these regulations be coordinated with the proposed pharmacy benefit network regulations. Commenter believes that revisions made to both sets of regulations should be considered with the Division revises the Written Notice to New Employees and the Posting Notice. Commenter states that the regulations should not become effective for a minimum of 1120 days after the date of adoption.</p> <p><u>Discussion</u></p> <p>The proposed MPN notices will require a considerable revision of a number of pamphlets and publications. At the same time, the regulations also require employers to begin using revised posting</p>	<p>Joe Carresi Project Manger Workers' Compensation Division Southern California Edison March 17, 2010 Written Comments</p>	Comment rejected. It is not clear when and if the proposed pharmacy regulations will go into effect.	None.

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>notices and a revised NOPE/DWC-1 claim form. The regulations also require that certain notices be published in Spanish and these materials will have to be translated, produced and delivered to all business units. This will be a monumental task to ensure that all of the postings have been revised and posted in each work location. The proposed notices will also require changes to document contained in New Hire documents as well as claim reporting packages. Section 9880(a) request the content of the Written Notice to New Employees notice be approved by the Administrative Director before it can be used. This requirement will inundate the AD with requests to review and approve the notices and will likely delay being able to produce the documents.</p>			
9767.12(a) – Spanish Notice	<p>Commenter would like to retain the deleted language “ . . . or whichever is more appropriate for the employee.”</p> <p><u>Discussion</u> The qualifying language should be retained in order to ensure that duplicate notices are not sent to every employee. In proposed regulations section 9880(b) and 9881(b), similar limiting language appears (“where there are Spanish-speaking employees”). The intent of the</p>	<p>Joe Carresi Project Manger Workers’ Compensation Division Southern California Edison March 17, 2010 Written Comments</p>	<p>Comment rejected. The proposed regulatory language will be revised to clarify the English and Spanish notice requirement to avoid unnecessary notices.</p>	<p>The proposed regulations will be revised to require that notices be provided in English and also in Spanish to Spanish speaking employees.</p>

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	qualifying language is the same and should appear in section 9767.12(a) as well, for consistency and to make the provision of Spanish language notices rationally related to the need.			
9767.12(a) – Initial Notice	<p>Commenter states that this section delineates the contents of the “initial written MPN” notice but in the subdivisions that follow reference is made to “prior” MPN coverage.</p> <p><u>Discussion</u> The references to “prior MPN coverage” should be eliminated for consistency and to avoid confusion.</p>	Joe Carresi Project Manger Workers’ Compensation Division Southern California Edison March 17, 2010 Written Comments	Comment rejected. The regulatory language was streamlined to make the MPN implementation notice and as the change of MPN notice to be one notice given at different times, as the situations often overlap. Whatever does not apply in the notice can be disregarded.	None.
9767.12 – Posting Notice	<p>Commenter reiterates his previous suggestions that the regulation allow the employer the option of providing the MPN information by posting the notice, rather than mailing individual written notices to every covered employee. Commenter states that the requirement to post the complete MPN notice, in addition to the written notices, should be deleted.</p> <p><u>Discussion</u> The posting requirement will add additional burden and cost to employers, especially large employer like SCE that have a considerable number of work locations in the state of California.</p>	Joe Carresi Project Manger Workers’ Compensation Division Southern California Edison March 17, 2010 Written Comments	Comment rejected. This issue has already been addressed in previous comment periods. Posting is an inadequate and inconsistent way to ensure workers get notice of when their rights change and they must use an MPN. Also, the regulations do not require mailing of the notices and allow more cost-effective methods to be used for notice distribution.	None.

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	If the Division decides to continue to require mailing individual written notices to every covered employee, then the regulation should not require both posting and written notices. The addition of a separate posting notice is redundant and unnecessary in that case and should be deleted.			
9881(c)(3) and Notice to Employees (DWC-7)	<p>Commenter recommends that the Division delete the reference to the nearest Information and Assistance Office location.</p> <p><u>Discussion</u> The current posting notice contains the toll free number of the Information and Assistance office and the URL to find this information, making the replication redundant.</p>	Joe Carresi Project Manger Workers' Compensation Division Southern California Edison March 17, 2010 Written Comments	Comment rejected. The Information and Assistance officer information is required to be included by Labor Code section 3550.	None.
Effective Date of Regulations	Commenter recommends that the effective date of these regulations be coordinated with the changes being considered to implement the pharmacy network standards. All revisions made to both of these sets of regulations should be considered when the Division revises the Written Notice to New Employees and the Posting Notice. These regulations should not become effective for a minimum of 90 days after the date the adoption of all	Brenda Ramirez Claims and Medical Director – California Workers' Compensation Institute (CWCI) March 17, 2010 Written Comment	Comment rejected in part. The regulations will not become effective for 60 days after adoption, which should be sufficient time for employers to make the changes to the notices.	None.

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>revisions.</p> <p><u>Discussion</u> MPN applicants will need time to reprogram their systems, revise workflows, institute operational changes, and to train their staff and communicate the changes to the insured employer community. The proposed MPN notices will require a considerable revision of a number of pamphlets, forms and publications produced by the Division and other entities. The regulations also require that certain notices, including the new hire pamphlet that the Division does not produce, be published in Spanish and these materials will have to be revised and approved by the AD, translated, printed and distributed to both insured and self-insured employers and/or their employees. At the same time, the regulations also require employers to begin using revised posting notices and a revised NOPE/DWC-1 claim form.</p>			
9767.12(a) and 9767.13(f) – Employee Notification	<p>Commenter requests that the Division delete the 14-day limitation.</p> <p><u>Discussion</u> While the Division has reduced the</p>	Brenda Ramirez Claims and Medical Director – California Workers’	Comment rejected. The 14-day time frame gives workers time to predesignate if they do not want to use the MPN.	None.

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>time limitation relating to the implementation of the MPN, the 14-day timeframe is still impractical for the same reasons previously noted. When an employer obtains a new insurance policy, the new coverage begins immediately in order to avoid any possible uninsured events. The gap in MPN coverage caused by this regulation might interfere with the employee's treatment or require an unnecessary transfer of care after the 14-day period.</p> <p>By deleting the 14-day reference, the sections would simply require written notice prior to the implementation of treatment by the MPN, which more closely reflects the purpose of the regulation – to advise covered employees of the treatment process.</p>	<p>Compensation Institute (CWCI) March 17, 2010 Written Comment</p>	<p>Gaps in MPN coverage may not be avoided even with the elimination of the notice requirement and transfer of care is not impeded by the notice period as it can be done at any time.</p>	<p>None.</p>
9767.12(a) – Spanish Notices	<p>Commenter recommends retaining the last portion of the following sentence:</p> <p>The initial MPN implementation notice shall be provided in English and Spanish, or whichever is more appropriate for the employee.</p> <p>Discussion</p>	<p>Brenda Ramirez Claims and Medical Director – California Workers' Compensation Institute (CWCI) March 17, 2010 Written Comment</p>	<p>Comment rejected. The proposed regulatory language will be revised to clarify the English and Spanish notice requirement to avoid unnecessary notices.</p>	<p>The proposed regulations will be revised to require that notices be provided in English and also in Spanish to Spanish speaking employees.</p>

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	This qualifying language should be retained in order to ensure that duplicate notices are not required to be sent to every employee. In proposed regulation section 9880(b) and 9881(b), similar limiting language appears (“where there are Spanish-speaking employees”). The intent of the qualifying language is the same and should appear in section 9767.12(a) as well, for consistency and to make the provision of Spanish language notices rationally related to the need.			
9767.12(a) – Initial Notice	<p>Commenter recommends removing references to “prior MPN coverage.”</p> <p>Discussion Section 9767.12(a) delineates the contents of the “initial written MPN” notice, but in the subdivisions that follow reference is made to “prior” MPN coverage. The references to “prior MPN coverage” should be eliminated for consistency and to avoid confusion.</p>	Brenda Ramirez Claims and Medical Director – California Workers’ Compensation Institute (CWCI) March 17, 2010 Written Comment	Comment rejected. The regulatory language was streamlined to make the MPN implementation notice and as the change of MPN notice to be one notice given at different times, as the situations often overlap. Whatever does not apply in the notice can be disregarded.	None.
9767.12 – Posting Notice	Commenter reiterates her recommendation that the regulation allow the employer the option of providing the MPN information by posting the notice, instead of mailing	Brenda Ramirez Claims and Medical Director – California Workers’ Compensation	Comment rejected. This issue has already been addressed in previous comment periods. Posting is an inadequate and	None.

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>individual written notices to every covered employee. The requirement to post the complete MPN notice, in addition to the written notices, should be deleted.</p> <p>Discussion It is still the Institute's position that a logical and efficient way to notify covered employees regarding the MPN is to post the simple, necessary information at all employment locations.</p> <p>We agree with the AD's previous rationale for delivering the MPN notices efficiently and effectively by allowing these notices to be posted and eliminating the need to send a separate notification to every individual covered employee.</p> <p>If the Division decides to continue to require mailing individual written notices to every covered employee, then the regulation should not require both posting and written notices. The addition of a separate posting notice is redundant and unnecessary in that case and should be deleted.</p>	<p>Institute (CWCI) March 17, 2010 Written Comment</p>	<p>inconsistent way to ensure workers get notice of when their rights change and they must use an MPN. Also, the regulations do not require mailing of the notices and allow more cost-effective methods to be used for notice distribution.</p>	

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
9767.12(c)	<p>Commenter recommends the addition of the following language:</p> <p>If the employee cannot receive this notice electronically at work within the required time frame, then the employer <u>or the claims administrator</u> shall provide this information to the employee in writing at least 14 days prior to the implementation of the MPN.</p> <p>Discussion It should be clear that the responsibility to provide this information to the employee can be delegated to the claims administrator in the appropriate circumstance.</p>	Brenda Ramirez Claims and Medical Director – California Workers’ Compensation Institute (CWCI) March 17, 2010 Written Comment	Comment rejected as unnecessary as the employer is legally responsible and usually does have its claims administrator distribute the information.	None.
9767.12(f)(3)	<p>Commenter recommends the removal of language from the following sentence:</p> <p>... An employer or insurer shall ensure covered employees have access to, at minimum, a regional area listing of MPN providers in addition to maintaining and making available its complete provider listing in writing or electronically on a CD or on a website if an electronic listing is requested by</p>	Brenda Ramirez Claims and Medical Director – California Workers’ Compensation Institute (CWCI) March 17, 2010 Written Comment	Comment rejected. Not all workers have access to a computer, so an electronic listing should be given only if the worker requests it.	None.

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>the employee.</p> <p>Discussion For clarity, the employee's request for a complete provider listing that can be provided in various formats, should relate to any of the available and appropriate formats.</p>			
9881(c)(13) and Notice to Employees (DWC-7)	<p>Commenter recommends that the Division delete Section 9881(c)(13) and part 4 of the Notice to Employees (DWC – 7).</p> <p>Discussion This MPN notification language is duplicative. The information is already in the <i>initial written MPN implementation notice</i> and <i>complete written MPN employee notification</i> required by Section 9767.12, and in the <i>notice of change of MPN coverage</i> required by Section 9767.16. What is more, if no MPN is utilized, this language is unnecessary, irrelevant and may confuse employees. If the employer is using an MPN, requiring this duplicate information on the existing posting notices will mean that employers must make revisions to these notices each time MPN</p>	Brenda Ramirez Claims and Medical Director – California Workers' Compensation Institute (CWCI) March 17, 2010 Written Comment	Comment rejected. The existing proposed regulatory language to include general information about MPNs in the workers' compensation poster and the NOPE were meant to give all employees notice of a new method of accessing medical treatment that may cover the majority of employees in California. Whether an employee is actually covered by an MPN is more appropriately addressed in other individual employee notices.	None.

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	information changes. These revisions are unnecessary, costly and time consuming.			